Other Sexually Transmitted Diseases

Since 1987, reported cases of chancroid have declined steadily (Table 42, Figure 31). In 2000, a total of 78 cases of chancroid were reported in the United States. Only twelve states and two outlying areas reported one or more cases of chancroid in 2000 and three of these states (New York, South Carolina and Texas) accounted for nearly 70.5% of the 78 reported cases in the U.S. Although the decline in reported chancroid cases most likely reflects a decline in the incidence of this disease, these data should be interpreted with caution in view of the fact that *Haemophilus ducreyi*, the causative organism of chancroid, is difficult to culture and, as a result, this condition may be substantially underdiagnosed.[1,2]

Comprehensive surveillance data for genital herpes simplex virus (HSV), genital warts, human papillomavirus, non-gonococcal urethritis, and trichomoniasis are not available. Ongoing trend data are limited to estimates of the office visits in physicians' office practices provided by the National Disease and Therapeutic Index (NDTI) (Figures 32 and 34-36).

Serious consequences of genital herpes simplex virus infection include lifelong recurrent episodes of painful genital lesions, increased likelihood of HIV transmission and acquisition, and, for women who acquire genital herpes in pregnancy, potentially fatal neonatal infection.[3] Data on genital herpes simplex virus type 2 (HSV-2) seroprevalence among the non-institutionalized U.S. population are available from the National Health and Nutrition Examination Survey (NHANES). In NHANES III (1988-1994), HSV-2 seroprevalence among persons at least 12 years of age was 21.9%, a prevalence which was 30% higher than the age-adjusted HSV-2 seroprevalence from NHANES II (1976-1980). Statistically significant increases in seroprevalence were concentrated in three of the youngest age groups which include persons aged 12 to 39 years (Figure 33).[4]

For data on PID, see the **Special Focus Profile** on Women and Infants.

[1]Schulte JM, Martich FA, Schmid GP. Chancroid in the United States, 1981-1990: Evidence for underreporting of cases. *MMWR* 1992;41(no. SS-3):57-61.

[2]Mertz KJ, Trees D, Levine WC, et al. Etiology of genital ulcers and prevalence of human immunodeficiency virus coinfection in 10 US cities. *Infect Dis* 1998;178:1795-8.

[3]Handsfield HH, Stone KM, Wasserheit JN. Prevention agenda for genital herpes. *Sex Transm Dis* 1999; 26:228-231.

[4]Fleming DT, McQuillan GM, Johnson RE, et al. Herpes simplex virus type 2 in the United States, 1976 to 1994. *N Engl J Med* 1997;337:1105-11.

Figure 31. Chancroid — Reported cases: United States, 1981–2000

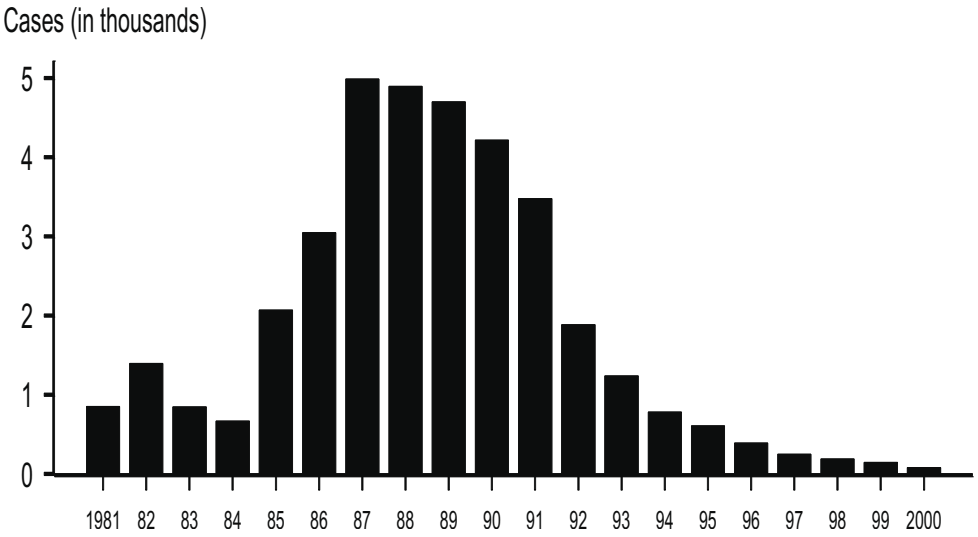
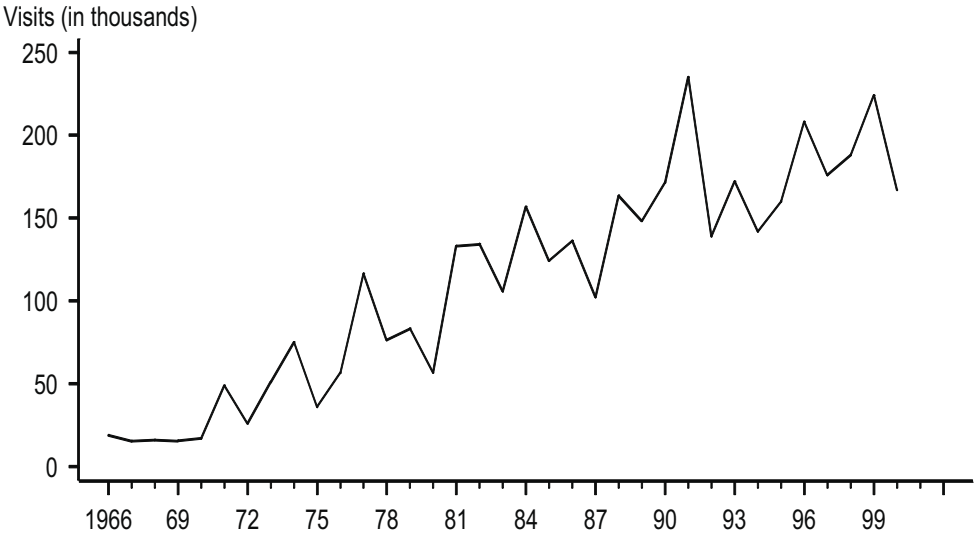


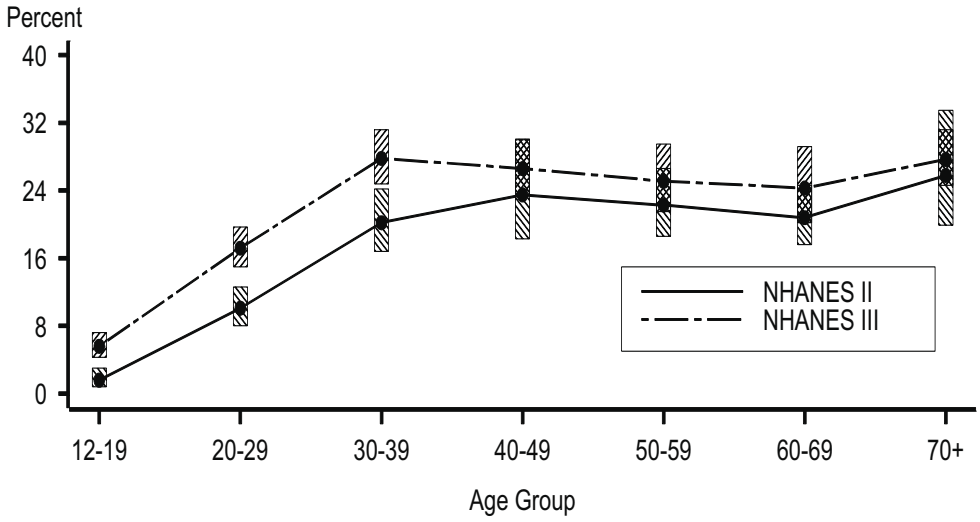
Figure 32. Genital herpes — Initial visits to physicians' offices: United States, 1966–2000



Note: See Appendix.

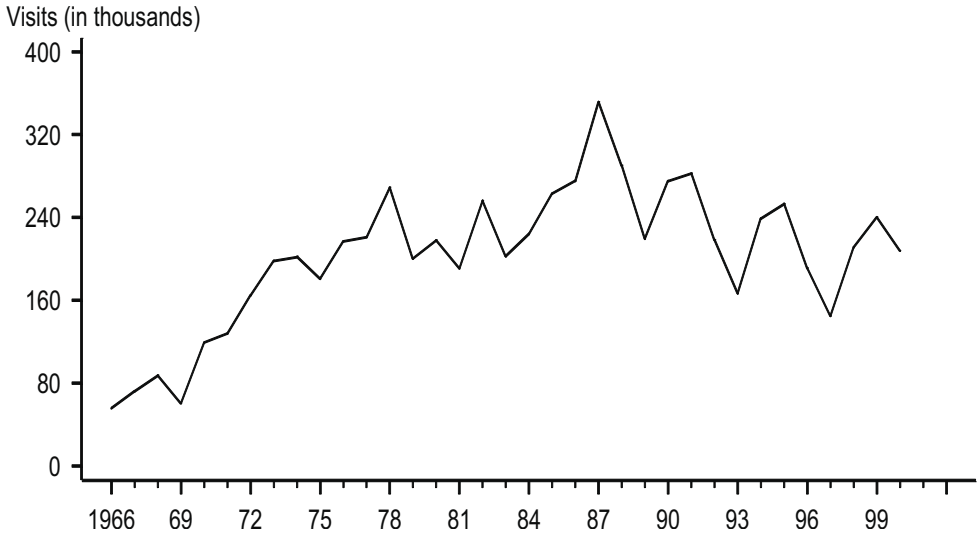
SOURCE: National Disease and Therapeutic Index (IMS America, Ltd.)

Figure 33. Genital herpes simplex virus type 2 infections — Percent seroprevalence according to age in NHANES* II (1976-1980) and NHANES III (1988-1994)



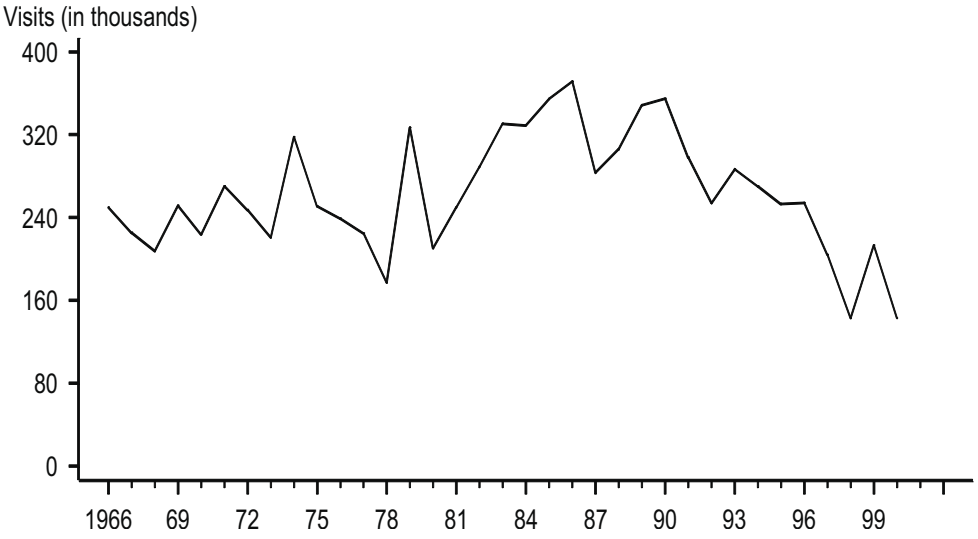
Note: Bars indicate 95% confidence intervals.
*National Health and Nutrition Examination Survey

Figure 34. Genital warts — Initial visits to physicians' offices: United States, 1966–2000



Note: See Appendix.
SOURCE: National Disease and Therapeutic Index (IMS America, Ltd.)

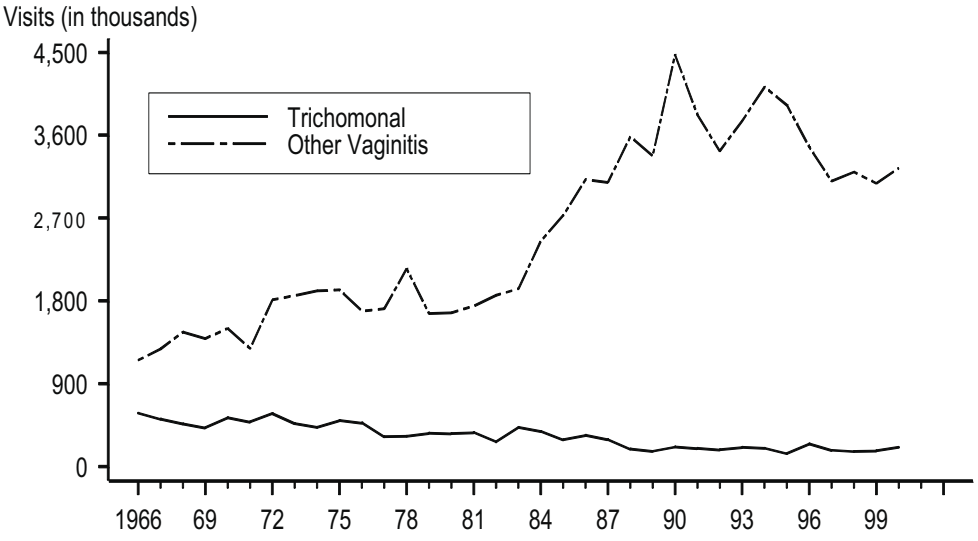
Figure 35. Nonspecific urethritis — Initial visits to physicians' offices by men: United States, 1966–2000



Note: See Appendix.

SOURCE: National Disease and Therapeutic Index (IMS America, Ltd.)

Figure 36. Trichomonal and other vaginal infections — Initial visits to physicians' offices: United States, 1966–2000



Note: See Appendix.

SOURCE: National Disease and Therapeutic Index (IMS America, Ltd.)